

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO. <b>09682502</b>	FILING DATE <b>09-10-01</b>
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
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49							
50							
TOTAL IND.	2						
TOTAL DEP.	11						
TOTAL CLAIMS	13						
<small>* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS</small>							